

**EXHIBIT C**

**Dr. Watchell M. Zeren, Chiropractor**

2676 Grand Concourse  
Bronx, NY 10458  
Tel: (718) 733-1000

2190 Oscar Ct.  
Cortlandt Manor, NY 10567  
Tel: (914) 788-7222

**INITIAL CHIROPRACTIC EVALUATION****DATE:** May 17, 2007**Patient's Name:** Lee, Dionne**Date of Examination:** May 17, 2007**Date of Accident:** May 9, 2007**History of Condition:**

Ms. Dionne Lee presented to the office today for evaluation and treatment. She is a pleasant 43-year-old female who was in good health until May 9, 2007. Ms. Lee states she was the seat-belted driver Mercury Savor which was struck from the rear by a large vehicle/truck. She was thrown about within her car. There was no loss of consciousness, although she does not recall all the events of the accident. After the accident, she was home to rest and began taking Motrin. The next day, she contacted her primary care physician, Dr. Smith. She was referred to North General Hospital. She was evaluated and told to follow up on her own. Ms. Lee presents to the office with multiple complaints.

**Chief Complaints:**

1. Severe neck, mid and lower back pain. The neck pain radiates into her shoulder bilaterally (L greater than R).
2. Ms. Lee is experiencing constant headaches.
3. She is stiff and sore throughout the consultation and evaluation.

The patient works as a sales associate. She has not returned to work since the accident. There is no other significant medical history of trauma. She does have hepatitis B. There is no history of surgery and no allergies.

**Physical Examination Findings:**

The patient is extremely tender to palpation of her spinal joints. End ranges of cervical motion enhance her pain. She appears to guard her neck and upper back. There are inflammatory changes noted in the sub-occipital region and the cervical spine. There is spasm of the supraspinatus and SCM muscles. They are extremely tender to palpation as well. The Jackson's Compression Test is positive bilaterally. The Soto-Hall Test produces neck and lower back pain.

**Passive cervical spine ranges of motion reveal:**

	<i>Patient's Average Range of Motion</i>	<i>Normal Average Range of Motion</i>
Flexion	30	60
Extension	20	50
Lt. Rotation	50	80
Rt. Rotation	60	80
Lt. Lat Flexion	20	45
Rt. Lat Flexion	25	45

Palpation of the thoracic and lumbar spine reveals tenderness and spasm of the paraspinal regions. The erector spinae and quadratus lumborum muscles are spastic. The Kemp's Test produces lower back pain bilaterally as does The Straight Leg Raise Test performed in the seated position.

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Passive lumbar ranges of motion reveal:

	<u>Patient's Average Range of Motion</u>	<u>Normal Average Range of Motion</u>
Flexion	70	90
Extension	15	30
Lt. Lat Flexion	15	30
Rt. Lat Flexion	15	30

There is significant restriction of lumbar motion on a segmental level from L3 through S1. Ely's Test is positive bilaterally. Percussion of the mid and lower lumbar spinal joints enhance the pain as it does on the SI joints.

Motor testing reveals weakness of left grip strength. There is also weakness of left hip flexors. Deep tendon reflexes and sensation is intact. The patient can heel and toe walk.

**Clinical Impression:**

- 1) Derangement cervical and lumbar spine with clinical evidence of radiculopathy.
- 2) Traumatic vertebral subluxation.
- 3) Posttraumatic headache.
- 4) Traumatic myalgia and myofascitis.

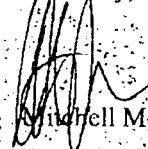
**Treatment and Recommendations:**

Ms. Lee was in good health until a motor vehicle accident which occurred May 9, 2007. Her current condition began as a result of that accident. She is in need of conservative management at this time. She will begin a course of conservative care consisting of chiropractic spinal adjustments, myofascial work and stretching. I am recommending the patient rest, ice and restrict her activities. She should continue to refrain from work temporarily. She has difficulty with her routine, social and personal activities.

The patient should be evaluated by a physiatrist. Based on the history and examination findings, it appears she has derangement of her spinal disc. I am referring this patient for MRI evaluations to more fully evaluate her deranged spine. These tests are necessary and may guide in further treatment options.

Ms. Lee should continue to refrain from work. She is totally disabled. She will begin care and be monitored on a periodic basis. I will review the diagnostic tests as they become available.

Sincerely,



Mitchell M. Zeien, D.C.